

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 06-08-04.

Dates of service 05-02-03 through 06-02-03 per Rule 133.308(e)(1) were not timely filed and will not be part of the review.

### **I. DISPUTE**

Whether there should be reimbursement for CPT code 99080-73 date of service 07-16-03.

### **II. FINDINGS**

Medical necessity issues were dismissed due to nonpayment of the IRO fee per Rule 133.308 (r)(1)(B). On 07-16-04 the Division submitted a Notice to the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

### **III. RATIONALE**

CPT code 99080-73 date of service 07-16-03 denied with denial code "F/2\* 86" (fee guideline MAR reduction/the provider billed for a work status report on a subsequent date of service. The work status report (TWCC 73) was not properly completed or was submitted in excess of the filing requirements). The requestor did not submit a copy of the work status report for review to determine if it was properly completed or was submitted in excess of the filing requirements. No reimbursement is recommended.

### **IV. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code 99080-73 for date of service 07-16-03.

The above Findings and Decision are hereby issued this 20th day of April 2005.

Medical Dispute Resolution Officer  
Medical Review Division